

**Supplement to the  
Blue Options  
Benefit Booklet for Covered Plan  
Participants of Monroe County  
BOCC Group Health Plan**

**Effective as of January 1, 2015**

This is a supplement to the Blue Options Benefit Booklet (“Booklet”) and is intended to provide information not otherwise included in the Booklet. In the event of a conflict between this Supplement and the Booklet, the provisions of this Supplement shall govern. In the event of a conflict between this Supplement and a County Resolution, the County Resolution shall govern.

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## DEFINITIONS

**Eligible Domestic Partner** means an individual who meets the requirements of Resolution No. 081-1998 as restated below:

### 14.02 DEFINITIONS

- A. Domestic Partners. “Domestic Partners” are two adults who have chosen to share one another’s lives in a committed family relationship of mutual caring. Two individuals are considered to be Domestic Partners if:
  - 1. they consider themselves to be members of each others immediate family;
  - 2. they agree to be jointly responsible for each other’s basic living expenses;
  - 3. neither of them is married or a member of another Domestic Partnership;
  - 4. they are not blood related in a way that would prevent them from being married to each other under the laws of Florida;
  - 5. each is at least of the legal age and competency required by Florida law to enter into a marriage or other binding contract;
  - 6. they must each sign a Declaration of Domestic Partnership as provided for in Section 14.03 of Monroe County BOCC’s Personnel Policies and Procedures Manual;
  - 7. they both reside at the same address.
- B. Joint Responsibility for Basic Living Expenses. “Basic living expenses” means basic food and shelter. “Joint responsibility” means that each partner agrees to provide for the other’s basic living expenses while the domestic partnership is in effect if the partner is unable to provide for him or herself. It does not mean that the partners must contribute equally or jointly to basic living expenses.
- C. Competent to Contract. “Competent to Contract” means the two partners are mentally competent to contract.
- D. Domestic Partnership. “Domestic Partnership” means the entity formed by two individuals who have met the criteria listed above and file a Declaration of Domestic Partnership as described below.
- E. Declaration of Domestic Partnership. “Declaration of Domestic Partnership” or “DDP” is a form provided by the Human Resources Director. By signing it, two people swear under penalty of perjury that they meet the requirements of the definition of domestic partnership when they sign the statement. The form shall require each partner to provide a mailing address.
- F. Dependent. “Dependent” means an individual who lives within the household of a domestic partnership and is:

1. A biological child or adopted child of a domestic partner; or
  2. A dependent as defined under County employee benefit plan document.
  3. A ward of a domestic partner as determined in a guardianship proceeding.
- G. Employee means an employee of the Board of County Commissioners, the constitutional officers or the Mosquito Control Board, except where the context is otherwise.

#### 14.03 ESTABLISHING A DOMESTIC PARTNERSHIP

- A. An employee and his/her domestic partner as set out in Section 14.02 are eligible to declare a Declaration of Domestic Partnership (hereafter DPP) in the presence of the Human Resources Director, or the employee partner may present a signed and notarized DDP to the Human Resources Director. The DDP shall include the name and date of birth of each of the domestic partners, the address of their common household, and the names and dates of birth of any dependents of the domestic partnership, and shall be signed, under the pain and penalties of perjury, by both domestic partners and witnessed (two) and notarized.
- B. As further evidence of two individuals being involved in a domestic partnership, two of the following documents must be presented along with the DDP to the Human Resources Director:
1. A lease, deed or mortgage indicating that both parties are joint responsible;
  2. Driver's licenses for both partners showing same address;
  3. Passports for both partners showing the same address;
  4. Verification of a joint bank account (savings or checking)
  5. Credit cards with the same account numbers in both names;
  6. Joint wills;
  7. Powers of attorney; or
  8. Joint title indicating both partners own a vehicle.
- C. An individual cannot become a member of a domestic partnership until at least six months after any other domestic partnership of which she or he was a member has ended and a notice that the partnership has ended was given as provided for in Section 14.04. This does not apply if their domestic partners are deceased.
- D. Domestic partners may amend the DDP to add or delete dependents or change the household address. Amendments to the DDP shall be executed in the same manner as the declaration of a domestic partnership.

#### 14.04 TERMINATION OF A DOMESTIC PARTNERSHIP

- A. A domestic partnership is terminated when:
1. one of the partners dies;
  2. one of the partners marries; or
  3. a domestic partner files a termination statement with the Human Resources Director. A domestic partnership may be terminated by a domestic partner who files with the Human Resources Director by hand or by certified

mail, a termination statement. The person filing the termination statement must declare under pain and penalties of perjury that the domestic partnership is terminated and that a copy of the termination statement has been mailed by certified mail to the other domestic partner at his or her last known address. The person filing the termination statement must include on such statement the address to which the copy was mailed.

- B. The termination of a domestic partnership shall be effective immediately upon the date of a domestic partner. The voluntary termination of a domestic partnership by a partner shall be effective thirty (30) days after the receipt of a termination statement by the Human Resources Director. If the termination statement is withdrawn before the effective date, the domestic partner shall give notice of the withdrawal, by certified mail, to the other domestic partner.
- C. If a domestic partnership is terminated by the death of a domestic partner, there shall be no required waiting period prior to filing another domestic partnership. If a domestic partnership is terminated by one or both domestic partners, neither domestic partner may file another domestic partnership until six (6) months have elapsed from effective termination.
- D. It is the obligation of the employee domestic partner to notify the Human Resources Director of the termination of a domestic partnership as soon as possible after it occurs.

#### 14.05 HUMAN RESOURCES DIRECTOR RECORDS

- A. The Human Resources Director will keep a record of all employees DDP's, Amendments and Termination Statements. The records will be maintained so that DDPs, Amendments and Termination Statements will be filed to which they apply.
- B. The Human Resources Director shall identify on the DDP what type of documents was presented for further verification of the domestic partnership.
- C. Upon determination by the Human Resources Director that the DDP is complete and that further evidence of the domestic partnership has been presented as provided in Section 14.03(B); the Human Resources Director shall provide the employee with a copy of the DDP. The employee/domestic partner shall become eligible to elect domestic partnership health and other employee fringe benefits as provided in Section 14.06. It will be the employee's responsibility to notify the Employee Benefits Section of their intent to enroll the domestic partner and/or any eligible dependents under the Monroe County Employee Benefit Plan. Domestic partner/dependents enrolled in the Monroe County Employee Benefit Plan are subject to the same rules and provision applicable to covered spouses/dependents.
- D. The Human Resources Director shall provide forms to employees requesting them.
- E. The Human Resources Director shall allow public access to domestic partnership records to the same extent and in the same manner as any other public record.

**Eligible Retiree** means an individual who meets one of the following requirements as established by the Board of County Commissioners Resolution No. 388-2013 – Retirement Eligibility Requirements for Group Health Insurance Coverage for Monroe County Employees:

- Hire date prior to 10/01/01; a minimum of ten (10) years of full-time service with Monroe County; retire under the FRS on, or after, the Normal Retirement date as described in Section 121.021(29), F.S.; and covered under the Plan at retirement. Current contribution is \$5.00 per month for each year of creditable service with the Florida Retirement System at the time of retirement with Monroe County. Premium minimum is \$50 for ten years of service and the premium maximum is \$150 for 30 years of service.
- Hire date prior to 10/01/01; a minimum of ten (10) years of full-time service with Monroe County; retire under the FRS at an Early Retirement date as described in Section 121.021(30), F.S.; covered under the Plan at retirement; 60 years of age or age and years of service must satisfy Rule of 70\*\* at time of retirement. Current contribution is \$5.00 per month for each year of creditable service with the Florida Retirement System at the time of retirement with Monroe County. Premium minimum is \$50 for ten years of service and the premium maximum is \$150 for 30 years of service.
- Hire date prior to 10/01/01; a minimum of ten (10) years of full-time service with Monroe County; retire under the FRS at an Early Retirement date as described in Section 121.021(30), F.S.; covered under the Plan upon retirement; NOT 60 years of age and age and years of service do not satisfy Rule of 70\*\*. Current contribution is the departmental rate.  
Upon attaining either the age of 60 or satisfy Rule of 70\*\* the contribution will change to the current contribution of \$5.00 per month for each year of creditable service with the Florida Retirement System at the time of retirement with Monroe County. Premium minimum is \$50 for ten years of service and the premium maximum is \$150 for 30 years of service.
- Hire date on or after 10/01/01; a minimum of ten (10) years of full-time service with Monroe County; retire with the FRS as described in Section 121.021(29 or 121.021 (30), F.S.; covered under the Plan upon retirement. Current contribution is departmental rate.
- Retire from FRS as described in Section 121.021(29) or 121.021(30), F.S.; less than ten (10) years of full-time service with Monroe County; covered under the Plan upon retirement. Current contribution is the departmental rate.
- Former Eligible Employee with at least ten (10) years of full-time service with Monroe County; covered under the Plan upon termination of employment and fully vested under FRS who elect not to retire under FRS upon termination of employment with Monroe County, may elect to re-enroll under the Plan upon retirement under FRS, provided that Monroe County was their last FRS employer. Current contribution is the departmental rate.

\*HIS: Health Insurance Subsidy per Section 112.363, Florida Statutes.

\*\*Rule of 70: Eligible Retirees satisfy the Rule of 70 if their age, combined with the number of years of service with Monroe County, totals 70 or more.

## **ELIGIBILITY FOR COVERAGE – RETIREES AND DOMESTIC PARTNERS**

### **Eligible Retirees**

An individual who meets the eligibility criteria specified below is an Eligible Retiree and is eligible to apply for coverage under this Booklet:

A person who elects to continue or re-enroll in the Monroe County Group Health Plan at the time of their official retirement under the Florida Retirement System (FRS), and if not currently an Eligible Employee, Monroe County was their last FRS employer prior to retirement. If the Eligible Retiree fails to elect retiree coverage at time of retirement, waives retiree coverage or lets coverage lapse, the Eligible Retiree will permanently lose entitlement to enroll under the Monroe County Group Health Plan.

### **Domestic Partners**

An individual who is an Eligible Domestic Partner or the dependent child of an Eligible Domestic Partner is eligible to apply for coverage under this Booklet as an Eligible Dependent.

## **OPT OUT**

**Initial Enrollment Period** means the 30 day period starting on your date of hire during which you and your eligible dependent(s) have the ability to either elect coverage for yourself and/or your eligible dependents, or Opt Out of coverage. You can Opt Out by indicating that you elect to waive coverage on the Monroe County Benefits Enrollment Form. If you Opt Out during your Initial Enrollment Period, you will not be able to enroll in the Monroe County Group Health Plan unless you have a Special Enrollment right or during a future Open Enrollment Period.

**Open Enrollment Period** means the period selected by Monroe County during which you can elect coverage for yourself and/or your eligible dependents, or Opt Out of coverage, for the immediately following Plan Year. You can Opt Out by indicating that you elect to waive coverage on the Monroe County Benefits Enrollment Form. If you Opt Out during the Open Enrollment Period, you will not be able to enroll in the Monroe County Group Health Plan unless you have a Special Enrollment right or during a future Open Enrollment Period.

## **CESSATION OF ACTIVE WORK**

### **Insurance Coverage While on Leave of Absence**

The Plan will continue to maintain group insurance benefits for employees while on approved paid leave status.

**MEDICAL LEAVE** - If an Eligible Employee ceases Active Work due to illness, injury or pregnancy the Employer in its sole discretion may approve a medical leave of absence. Coverage for the Eligible Employee will continue under the Plan, but for no longer than six (6) months from the date the approved medical leave begins, including any approved FMLA leave. Coverage of Eligible Dependents will continue during this time provided required premiums are continued to be paid. Notification of all approved medical leave must be provided to the Monroe County Group Health Plan Administrator (Benefits Office) by the Employer. The notification should contain the date on which the leave began and when it will end. An Eligible Employee who has been on an approved medical leave must return to active work for a minimum of 30 days after the approved medical leave ends. In the event an Eligible Employee on an approved medical leave does not return to active work at the end of the leave, the Eligible Employee will be required to reimburse the Plan for the health benefit premiums paid during the leave to continue coverage.

**Note:** When an Eligible Employee fails to return to active work because of the continuation, recurrence, or onset of either a serious health condition of the Eligible Employee or an Eligible Employee's family member the Plan will not recover the health benefit premium payments made on the Eligible Employee's behalf during the approved medical leave. The Monroe County Group Health Plan Administrator (Benefits Office) may require medical certification of the Eligible Employee's or the Eligible Employee's family member's serious health condition.

If leave extends beyond the maximum allowed period of six months and the employee is on a non-paid status, said employee must make the monthly premium payments for themselves in order to continue health insurance coverage. Failure to make payment(s) on a timely basis will result in termination of coverage.

**PERSONAL LEAVE** – If personal leave without pay is approved by the Employer, said employee must reimburse the Plan for the health benefit premiums paid during the leave to continue coverage. Coverage of Eligible Dependents will continue during this time provided required premiums are continued to be paid. Personal Leave under the Plan cannot exceed six (6) months.



## **Rehire/Reinstatement**

If subsequent to termination of coverage an Eligible Employee is rehired or reinstated as an Eligible Employee the Eligible Employee must meet the eligibility requirements in the Eligibility for Coverage section. However, the Plan allows a grace period of 2 days following the date of termination of coverage during which an Eligible Employee may be rehired or reinstated without penalty.

## **Active Military Duty**

Return from active military duty by a former Eligible Employee of two weeks or longer who is rehired or reinstated will be treated as if the Eligible Employee were on an approved leave of absence for purposes of eligibility under the Plan. The Plan's waiting period or preexisting condition exclusion period will not be applicable

## CONTINUATION OF COVERAGE

**Surviving Spouses of Covered Retirees:** Upon the death of a Covered Retiree, the Surviving Spouse may continue coverage under the Monroe County Group Health Plan provided: (1) the Surviving Spouse does not remarry; and (2) the Surviving Spouse makes timely payment of any required contribution. It is the sole responsibility of the Surviving Spouse to notify the Monroe County Group Health Plan Administrator (Employee Benefits Office) of a change in marital status.

**Domestic Partners:** For purposes of COBRA Continuation Coverage Rights, a Domestic Partner of an Eligible Employee shall be treated as the Eligible Employee's "spouse" and the dependent child(ren) of a Domestic Partner shall be treated as the Eligible Employee's stepchild(ren).

## General Notice of COBRA Continuation Coverage Rights

### Introduction

You are receiving this notice because you are or have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Benefit Booklet or contact the County's Employee Benefits Department.

### What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or

- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed on behalf of the Monroe County Board of County Commissioners, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Benefits Office has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Benefits Office of the qualifying event.

## **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Benefit Office within 60 days after the qualifying event occurs. You must provide this notice to: Maria Fernandez-Gonzalez, Benefits Administrator, 1100 Simonton Street, 2-268, Key West, FL, 33040; fax (305) 292-4452.**

## **How is COBRA Coverage Provided?**

Once the Benefits Office receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of

the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the County's Employee Benefits Office informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the County's Employee Benefits Office.

### **Plan Contact Information**

You can obtain information about the Group Health Plan and COBRA from:

Employee Benefits Coordinator  
1100 Simonton Street, Suite 2-268  
Key West, FL 33040  
(305) 292-4450

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 1-800-869-1150
ALASKA – Medicaid	INDIANA – Medicaid
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid

Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884

<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>

Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEVADA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300

<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycaone">http://health.wyo.gov/healthcarefin/equalitycaone</a> : 307-777-7531



To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

## **MEDICARE COORDINATION OF BENEFITS AFTER RETIREMENT**

Retirees, their eligible dependents, or a surviving spouse who becomes eligible for Medicare due to age 65, End state Renal Disease (ERSD), or disability **must notify the Monroe County BOCC Benefits Office immediately.** It is the responsibility of the ensured to enroll in Medicare as soon as they are eligible. Medicare will become the Primary Payer and coverage under the Monroe County Health Plan will become the Secondary Payer.

The Monroe County BOCC will not be liable to any individual covered under this health plan on account of any nonpayment of primary benefits resulting from failure to be timely notified by the enrolled participant of their eligibility for enrollment in Medicare.

## **SELF-FUNDED PROGRAMS**

Where the Board of County Commissioners has determined that the use of a self-funded program is in its best interest, it will be the County Administrator's responsibility to oversee the Administration of said programs. Any proposed change to the self-funded health insurance program that would constitute a material reduction in benefits or change in cost to current employees and retirees that will be presented to the Board of County Commissioners will be preceded by a two week written notice to the affected employees and retirees.

## **NON-TOBACCO USE POLICY**

Monroe County BOCC has implemented a non-tobacco use policy for all newly enrolled Medical Health plan members effective January 1, 2015.

All Newly Enrolled individuals in the Medical Health Plan will be assessed a surcharge if currently using tobacco products.

Tobacco products are defined as cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, electronic or e-cigarettes that contain nicotine or any other product that contains tobacco or nicotine. Nicotine replacement products, such as gum and patches, are also considered tobacco products.

### **Tobacco user Surcharge & Penalty**

1. The non-tobacco use policy applies to employees and their dependents enrolled in the medical health and prescription benefit plans. Enrolled employees are required to complete the Tobacco Use Attestation Certification form within 30 days of enrollment. Failure to complete and return the Tobacco Attestation Certification form will be treated as an admission that the employee is a tobacco user.
2. Each newly covered dependent(s) over the age of 18 must complete the Tobacco Use Attestation form before dependent coverage becomes effective.
3. Changes in the use of tobacco products by anyone covered in the plan require the immediate completion of a new certification form.
4. Discontinuing the use of tobacco products requires a new non-tobacco user certification.
5. Using tobacco products requires a new tobacco user certification.
6. All certification forms must be submitted to the BOCC Group Benefits office.
7. Tobacco users will be charged a monthly surcharge of \$50 each per month.
8. Failing to certify or providing false information will result in a \$50 surcharge and a penalty of \$50 each per month (Total \$100 each per month).
9. Nonrefundable surcharges and/or penalties for the employee and/or dependents will be deducted from the employee's next paycheck in accordance with the payroll schedule.
10. Changes to the surcharge and penalties will be processed by the group benefits office in accordance with the employer's next payroll schedule.

11. In the absence of a completed Non-Tobacco use Attestation Certification Form, the surcharge will be assessed.

12. Please obtain the Tobacco use Attestation Certification form from the group benefits office.

The BOCC Group Health Plan is committed to helping you achieve your best health. The ability to avoid the Tobacco Use Surcharge is available to all employees. If you think you might be unable to meet a standard to avoid the Tobacco Use Surcharge, you might qualify to avoid the surcharge by different means. Contact the group benefits office and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## **CARRIERS AND CONTACT INFORMATION**

### **Medical Benefits (Administered by Blue Cross Blue Shield of Florida)**

Toll-Free Customer Service: (800)664-5295

Website: [floridablue.com](http://floridablue.com)

### **Prescription Drug Benefits (Administered by Envision Rx)**

Toll-Free Customer Service: (800) 361-4542

Website: [www.envisionrx.com](http://www.envisionrx.com)

### **Vision Benefits (Insured and Administered by Vision service Plan Insurance Company)**

Toll-Free Customer Service: (800) 877-7195

Website: [www.vsp.com](http://www.vsp.com)

### **Dental Benefits (Insured and Administered by United Concordia)**

Toll-free Customer Service: (800) 332-0366

Website: [www.untiedconcordia.com](http://www.untiedconcordia.com)

### **Group Life, Accidental Death and Dismemberment, and Supplemental Life (Insured by Minnesota Life Insurance Company, A Securian Financial Group Affiliate) (Administered by Ochs, Inc.)**

Toll-Free Life and AD&D Claims: (888)658-0193

Toll-Free Group & Supplemental Life Customer Service: (800)392-7295

Email: [ochs@ochsinc.com](mailto:ochs@ochsinc.com)

### **Employee Assistance Program (Administered by Quantum Health Solutions of Florida)**

Toll-Free Customer Service: (877)747-1200

Services Available: 24 Hours Per Day/365 Days Per Year